

IN THE MATTER OF:

**GOVERNMENT OF GUAM COVID-19 BEREAVEMENT ASSISTANCE FUND AFFIDAVIT Executive Order 2020-35**

I, \_\_\_\_\_, being duly sworn, deposes and states:  
(FULL NAME OF CLAIMANT)

That \_\_\_\_\_ ("Decedent") died on \_\_\_\_\_  
(FULL NAME OF DECEASED) (MM/DD/YYYY)

as a result of Covid-19 or Covid-19 related complications in the Territory of Guam and at the time of his/her death was a resident of the Territory of Guam. A true and certified copy of his/her death certificate is attached hereto as Exhibit A.

I declare that by completing such affidavit, end-of-life expenses were paid by myself for above named decedent. I acknowledge that the character and value of the property of the decedent is a one-time grant of \$10,000 as per COVID 19 Bereavement Assistance Fund and that upon receiving such funds, no future payments can be received as pertinent to Executive Order 2020-35 and FEMA Policy: COVID-19 Funeral Assistance Individuals and Households Programs Policy (Interim) FEMA Policy FD 104-21-0001.

**DECEASED INFORMATION**

Last Name:	First Name:	MI:	SSN:	--	--
DOB	Ethnicity:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F			

**CLAIMANT INFORMATION:**

Last Name:	First Name:	MI:	SSN:	--	--
Relationship to Decedent:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address:	Phone#:	Alt Phone #:			
Mailing Address:					
1. Did you apply for the FEMA COVID-19 Funeral Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Did another applicant apply or receive Funeral Assistance funds for the same decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I acknowledge that FEMA is required to recover funds awarded for Funeral Assistance that duplicate insurance proceeds and/or any form of Funeral Assistance received from other sources. _____(initial)					

Above being first duly sworn, hereby depose and states that he/she is the Affiant in the foregoing Affidavit; and that he/she has read said Affidavit and knows the contents thereof to be true and correct.

\_\_\_\_\_  
Claimant's Signature

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the Territory of Guam, this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Notary Public